

# KENTUCKY EMPLOYEES HEALTH PLAN

PY 2008

## POST TAX REQUEST FORM

Unless a Post Tax Request Form is signed, employees paying for insurance will AUTOMATICALLY receive qualified benefits under the Commonwealth's Cafeteria Plan (paying with pre-tax dollars). Serious consideration should be given to participation in qualified benefits under the cafeteria plan and if you **do not** want it, complete and sign this form.

### DEMOGRAPHIC INFORMATION → Please PRINT

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Social Security Number

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Date of Birth (MM/DD/YYYY)

NAME (First, MI, Last)

Company number

Mailing Address

City, State, Zip Code

County of Residence

Country / Mail Code, if not USA

Planholder's HOME Phone Number

Planholder's WORK Phone Number

Planholder's Email Address

Hire Date

Employer Name

Work County

### AUTHORIZATION AND CERTIFICATION

- \* I hereby elect to waive participation in the Qualified Benefits under the Commonwealth of Kentucky's Cafeteria Plan.
- \* I understand that I will not have another opportunity to participate until a subsequent open enrollment period.
- \* I also understand that signing this form does not cancel my health insurance coverage, only my opportunity to participate in the pre-tax method of payment.
- \* I understand that if I have enrolled for health insurance coverage on a separate benefit enrollment form, I will pay my share of the contribution with after-tax payroll deductions

Employee Signature

Date

Spouse Signature – **REQUIRED** if electing the cross-reference payment option

Date

Please sign and date this form and give it to your payroll department.

Payroll department signature

Date